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<b>TRANSMITTAL FORM</b>	Application Number	09/686,672
	Filing Date	10/11/2000
	First Named Inventor	SUAREZ, GUSTAVO G.
	Group Art Unit	2177
	Examiner Name	LEWIS, CHERYL RENE A
Total Number of Pages in this Submission	Attorney Docket No.	PT03191UC01

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Statement establishing diligence
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Declaration of Prior Inventorship
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input checked="" type="checkbox"/> Exhibits A & B
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

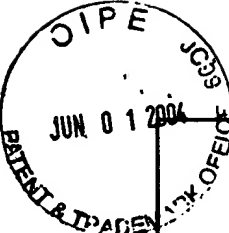
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JUN 07 2004

Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Randi L. Karpinia	Registration No. 46,148
Signature		
Date	5/26/04	

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed below:	
Typed or printed name	Maria E. Rodriguez
Signature	
Date	5/26/04



<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>	
		Application No.	09/686,672
		Filing Date	10/11/2000
		First Named Inventor	SUAREZ, GUSTAVO G.
		Examiner Name	LEWIS, CHERYL RENE
TOTAL AMOUNT OF PAYMENT		(\$)	110.00
		Group Art Unit	2177
		Attorney Docket No.	PT03191UC01

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<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-2117 Deposit Account Name: Motorola, Inc. The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayment <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application, except for issue fee <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																																																																																																															
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late filing fee or oath		1052	50	2052	25	Surcharge - late Provisional filing		1053	130	1053	130	Non-English specification		1812	2520	1812	2520	For filing a request for ex parte Reexamination		1804	920*	1804	920*	Requesting publication of SIR						prior to Examiner action		1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action		1251	110	2251	55	Extension for reply within 1st month	110	1252	410	2252	200	Extension for reply within 2nd month		1253	930	2253	460	Extension for reply within 3rd month		1254	1450	2254	720	Extension for reply within 4th month		1255	1970	2255	980	Extension for reply within 5th month		1401	320	2401	160	Notice of Appeal		1402	320	2402	160	Filing a brief in support of an appeal		1504		1504		Publication fee for early, voluntary, or normal publication		1403	280	2403	140	Request for oral hearing		1505	300	1505	300	Publication fee for republication		1451	1510	1451	1510	Petition to institute a public use proceeding		1452	110	2452	55	Petition to revive - unavoidable		1453	1300	2453	640	Petition to revive - unintentional		1501	1300	2501	640	Utility issue fee (or reissue)		1502	470	2502	230	Design issue fee		1503	630	2503	310	Plant issue fee		1460	130	1460	50	Petitions to the Commissioner		1808	130	1808	130	Processing fee CFR 1.17(i)		1807	50	1807	50	Processing fee for provisional appls.		1806	180	1806	180	Submission of IDS		8021	40	8021	40	Recording each patent assignment per property (times # of properties)		1809	750	2809	370	Filing a submission after final rejection (37 CFR § 1.129(a))		1810	750	2810	370	For each additional invention to be examined (37 CFR § 1.129(b))		1801	750	2801	370	Request for Continued Examination (RCE)		1802	900	1802	900	Request for expedited examination of a design application		1814	110	2814	55	Statutory Disclaimer		Other fee (specify)						SUBTOTAL (2)				(\$)		<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> Total Claims: <input type="text"/> -20* = <input type="text"/> x 18 = <input type="text"/> Independent Claims: <input type="text"/> -3* = <input type="text"/> x 86 = <input type="text"/> Multiple Dependent: <input type="text"/> x 280 = <input type="text"/> SUBTOTAL (2) (\$)				
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Name (Print): Randi L. Karpinia					Registration No. (Attorney/Agent): 46,148																																																																																																																																																																																																																																																																																															
Signature: <i>Randi L. Karpinia</i>					Telephone: (954) 723-6449																																																																																																																																																																																																																																																																																															
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\*\*or number previously paid, if greater. For Reissues, see above

\*Reduced by Basic Filing Fee Pd

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